

Clinical Supervision Agreement

I, **Erin A. Alexander, LPC-S**, agrees to provide supervision for _____, for the purposes of becoming a Licensed Professional Counselor in the state of Texas. This begins _____ and ends upon the completion of the required 3000 hours. The supervision site address is at the Sexology Institute, 707 South St. Mary's Street, San Antonio, TX 78205.

I am licensed by the state of Texas as a Professional Counselor. My State License # is 18193. I hold M.A.. degree in Counseling from the University of Texas at San Antonio. My areas of counseling expertise include Employee Assistance Program counseling, sex education, couples counseling, critical incident stress debriefing, crisis intervention; and issues related to active duty military. I have been a Professional Counselor licensed by the Texas State Board of Examiners of Professional Counselors (LPC Board) for a minimum of 24 months. I have had 40 hours of supervision training and I have Approved Supervisor status from the LPC Board.

It is your responsibility to obtain the degree necessary, meet the specific course content requirements, and complete the required practicum and internship necessary to register our supervision with the LPC Board so that you may obtain the status of Intern. You must complete the LPC Board Supervisory Agreement Form and include a copy of this agreement. I will complete the section related to the supervisor's information on the Supervisory Agreement Form. You must then submit the form to the LPC Board for approval.

The supervision I provide for your will be individual supervision. You will meet with me 4 times a month, for 1 hour each time, during the time you are completing your required 3,000 hours of supervised experience as a counselor intern. Two of these sessions can be by video. The fee for my services is **\$350 per month**. Fees are payable by PayPal or credit card either paid in full, or according to your pay schedule. **The Sexology Institute will send an invoice from Paypal.** In the event you must reschedule a session for some reason, you must notify me 24 hours in advance. If such notice is not received, you must pay the full fee for the missed session, which is \$50. If you miss a session for circumstances beyond your control and were unable to contact me prior to missing the session, no fee will be charged. You may not carry a balance at anytime. Because I am only charging \$350 per month, I expect for you to have your own site(s) when we begin. If during the course of your supervision we need to meet more frequently due to problems with your site, or the need for me to develop a learning/development plan for you, I will charge you \$50 per session.

Once our supervision relationship has been approved and you have been granted Intern status, our supervisory relationship will begin. Our professional relationship will be limited to the formal scheduled hours we have agreed to for your supervision. In the event that situations occur in your role as counselor in which you need direction and advice, you should consult your immediate supervisor at the site where you are providing counseling services and follow her or his direction. Please be sure to notify your site supervisors of your status as an LPC Intern, and if you are required to have business cards, etc., please include my name on the card as your LPC

Supervisor. Also include my email address for contacting me erin@brighterfutureea.com or erinalexander@sexologyinstitute.com . I will also need the contact information for all site supervisors.

My preferred method of supervision is the discrimination model. My approach to supervision is one of providing a realistic environment of growth for post-graduates that will help prepare you for a professional counseling career. I will evaluate your counseling skills; I will also serve as teacher and consultant. I will work with you on accountability to ethics and best practice principles, that are applied in real-world situations.

I believe that providing clinical supervision at the Sexology Institute is ideal because it allows you to apply counseling competencies under the culture/diversity umbrella. and it helps prepare you for relationship/sexuality issues that will arise in practice. It is highly recommended that you participate in the online, self-paced sex coaching program at the Sexology Institute (at no charge during your internship). Please visit the website for registration.

Students who complete this program will be able to:

- Understand human sexual anatomy and physiology.
- Develop a deeper awareness of the student's own attitudes toward their sexuality.
- Maintain ongoing self-education of sexual themes.
- Guide individuals and couples in attaining their sexual goals.
- Teach a variety of sexual topics.
- Design a professional sex coaching practice.

Remember that you will be able to see clients with sexual health issues (by facilitating educational workshops, or working with couples/individuals in sessions). Provide your availability and contact information to contact@sexologyinstitute.com

I have high expectations of anyone who is completing an internship under my supervision; I expect initiative, thinking outside of the box, a nonjudgmental attitude, and forcing yourself to be outside of your comfort zone for the purposes of professional growth. Initial _____

During the time I am serving as your clinical supervisor, I will make every effort to review with you cases that you choose to bring to my attention for consultation. My duty to you is to provide you with professional clinical supervision. However, I will not be responsible for your day-to-day activities as a counseling intern. Your administrative supervisor or supervisors at your site or sites will be responsible for your on-going counseling activities, as most sites are paid positions.

Because I must evaluate your professional performance as a counselor intern, we will not have a personal friendship during the time I am serving as your supervisor. While we may have a congenial and collegial professional relationship and may attend social functions together, we should not include each other in social interactions one of us has initiated.

You must complete a total of 3,000 hours of supervised experience. You must provide me with a copy of your temporary license. When you have completed the first 1,000 hours, I will provide you with an evaluation of your progress and performance, including my determination of whether you are progressing satisfactorily toward your goal of becoming a Licensed Professional Counselor. I will provide you with another evaluation at the end of the second 1,000 hours. At the end of your total 3,000 hours of supervised experience, I will verify the supervision I have provided to you and will either recommend or not recommend you for licensure as a Professional Counselor.

You may use the forms of your choice to present your cases and those on the Board website to document your hours. I prefer a Google spreadsheet. Many interns like to use the forms used in their graduate programs. All forms must be completed prior to coming to Supervision. You must obtain and provide proof of Professional Liability Insurance before our supervisory relationship begins. You must renew and provide proof of renewal of your Professional Liability Insurance throughout our supervisory relationship. I also need a copy of your resume and your job description for each site. It is your responsibility to keep your documents updated with the Board, such as adding/changing sites, etc. I need a copy of the forms for your file.

You acknowledge that you have read the ethical codes of the American Counseling Association (2014) and that you have the responsibility to inform each client regarding the limits of confidentiality, especially as they relate to the provision of supervision under this contract. You also acknowledge that you have read the ethics code for the Texas State Board of Examiners of Professional Counselors for the same information. For the ethic code information related to sexual health education, you are acknowledging that you have read this on the AASECT website. Initial _____

You agree to seek counseling or therapy for any issues or problems experienced during our supervisory relationship which are not directly related to the provision of counseling to clients and understand that supervision of counseling is not a substitute for personal counseling, nor does it constitute legal advice. Initial _____

You understand that all documentation related to your supervision will be stored digitally. These digital copies will be considered as valid as the originals.

The following are the general expectations:

1. You must provide a copy of your resume, your professional liability insurance, and your job description for each site. This can be emailed to erin@brighterfutureea.com. Please keep your liability insurance updated.
2. You must provide contact information for your site supervisors and authorize me to have communication with them so that you can make progress during your internship.
3. Please include my office as one of your sites because there will be times that I will have

you there for workshops/professional development hours, or to see clients for the purposes of evaluation. The address is 707 South St. Mary's Street, San Antonio, TX 78205. Phone number 210-487-0371, ext 2..

4. I recommend that you have counseling during your internship, and if at any time you are not fit to see clients, please let me know and your site supervisor. "Not fit to see clients" means that from a clinical perspective you are not using good judgment/insght, and/or your are a danger to yourself or others. Please allow limited communication between myself and your provider so that I will know when you are eligible to see clients. I do not need to know any details of your therapy....I just need to know that you are safe and that the clients under your care are safe. Initial _____
5. There will be some recommended workshops during the course of your internship. I cannot require you to attend because there may be cost involved, however, these workshops are recommended for your professional growth. I will make every effort to choose workshops that have no cost, or you can attempt to have your fees waived due to your internship status.
6. There will be a number of opportunities for you to network with other professionals, so it is recommended that you have business cards with your contact information. Again, please include on the card that you are an LPC Intern, and include my name as your supervisor.
7. The following are the Core Competencies that need to be met during your internship, and the items on which you will be evaluated:

1. Clinical Relationship Skills	Direct contact with clients in individual and/or family/couples sessions; developing a rapport with the client and engaging him/her the in the session
2. Clinical Assessment Skills	Conducting initial assessments including mental status examinations, the WHODAS, and making diagnoses based on the DSM-5 criteria
3. Clinical Intervention Skills	Development of individual Treatment Plans to meet client objectives/goals; observing client strengths and weaknesses
4. Research and Evaluation Skills	Engaging in additional learning, such as online continuing education, attendance at in-services/workshops, and reading related materials; applying these to sessions
5. Ethics and Standards of Practice Skills	Adhering to the ethical standards set forth by the Texas State Board of Examiners of Licensed Professional Counselors, and following all Texas and ACA guidelines
6. Self-management	Working independently as a clinician but asking appropriate questions, and expecting supervisory observation and feedback

7. Culture/Diversity Sensitivity	Learning acceptance and compassion for the differences of others, with regards to opinions, race, nationality, age, gender, sexuality, religion, ethnicity, socioeconomic status, or lifestyle.
8. Human Sexuality/Relationships	Understand within the framework of the World Health Organization definition of sexual health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Understanding all aspects of healthy sexuality and relationships, gender, and sexual identity.

I agree to provide clinical supervision to you or your counseling responsibilities in a professional manner to the extent described within this agreement. Our relationship is limited to the terms and conditions set forth herein. Either of us, with a two-week written notice to the other, may cancel this agreement for any reason. In the event the agreement is canceled by either of us, you agree to notify the LPC Board immediately.

By signing below, I am agreeing to provide you with clinical supervision according to the terms of this agreement and you are agreeing to pay my fee and comply with the terms of this agreement as well. It is your responsibility to submit all paperwork to the LPC Board and make sure that we both retain copies..

Supervisee's Signature

Date

Erin A. Alexander, LPC-S

June 11, 2019

Erin A. Alexander, LPC-S

Date

Supervision Documentation Checklist

Supervisee's Name: _____

Temporary LPC # _____

- 1. **Board:** Supervisory Agreement
- 2. Clinical Supervision Agreement
- 3. Copy of Liability Insurance
- 4. Copy of Temporary License
- 5. Copy of Vita or Resume
- 6. Copy of job description for each site
- 7. Copy of Temporary license once you obtain it
- 8. Contact information for your site supervisor
- 9. Signed Confidentiality Statement (to be provided once internship begins)
- 10. Your log of hours once completed.

